

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
Completely fill in one circle.  
Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
before submitting or form will be returned.

## I Reporting Information

Year: 2012

Fill in circle if amendment ☐

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 8645

FOR OFFICE USE ONLY

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CHK# 81645 50-

## II Client Information

Name: RETAIL COUNCIL OF NEW YORK STATE

Permanent Business Address: 258 STATE STREET

City: ALBANY

Business Phone: (518) 465-3586

Third Party Beneficiary (see instructions):

State: NEW YORK

ZIP code: 12210

Fax Number: (518) 465-7960

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: JAMES R. SHERIN

Phone Number: (518) 465-3586

Address: 258 STATE STREET

City: ALBANY

State: NEW YORK

ZIP code: 12210

Compensation for current period: \$ 43260 .00

**B** Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: EDWARD A. POTRIKUS

Phone Number: (518) 465-3586

Address: 258 STATE STREET

City: ALBANY

State: NEW YORK

ZIP code: 12210

Compensation for current period: \$ 52530 .00

**C** Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: MELISSA O'CONNOR

Phone Number: (518) 465-3586

Address: 258 STATE STREET

City: ALBANY

State: NEW YORK

ZIP code: 12210

Compensation for current period: \$ 21000 .00

☐ Continued on attached pages

**D** TOTAL COMPENSATION of ALL lobbyists for current period

(All B/C added up check) \$ 116790



<b>A</b> Report in the aggregate all expenses less than or equal to \$75:	\$ 3200	.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 16995	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO:	DATE:     /     /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$     .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE:     /     /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$     .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
<b>D Total expenses for current period:</b>	\$ 20195	.00 (if applicable, include all expenses from attached pages in total)

<b>V Source of Funding Disclosure</b>			
<b>Instructions:</b> In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.			
<b>A</b> Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.			
<b>Contribution(s) from Single Source #1</b>			
Single Source Entity's Name: THE HOME DEPOT or Single Source Person's Last Name:		First Name:	
Address: 1155 F STREET NW, SUITE 400		State: DC	
City: WASHINGTON		ZIP code: 20004	
Phone: (202) 393-4455			
Date Contribution Received: 07 / 12 / 2012	Amount of Contribution: \$ 3072		.00
Date Contribution Received:     /     /	Amount of Contribution: \$		.00
Date Contribution Received:     /     /	Amount of Contribution: \$		.00
Date Contribution Received:     /     /	Amount of Contribution: \$		.00
Date Contribution Received:     /     /	Amount of Contribution: \$		.00
Check here if using section V(C) of the Addendum for additional Contributions: <span style="float: right;"><input type="radio"/></span>			
<b>Contribution(s) Single Source #2</b>			
Single Source Entity's Name: FAMOUS HORSE, INC. or Single Source Person's Last Name:		First Name:	
Address: 164-01 JAMAICA AVENUE		State: NEW YORK	
City: JAMAICA		ZIP code: 11432	
Phone: (718) 301-6080			
Date Contribution Received: 08 / 20 / 2012	Amount of Contribution: \$ 835		.00
Date Contribution Received:     /     /	Amount of Contribution: \$		.00
Date Contribution Received:     /     /	Amount of Contribution: \$		.00
Date Contribution Received:     /     /	Amount of Contribution: \$		.00
Date Contribution Received:     /     /	Amount of Contribution: \$		.00
Check here if using section V(C) of the Addendum for additional Contributions: <span style="float: right;"><input checked="" type="radio"/></span>			



**V Source of Funding Disclosure****B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Contributions from Single Source #1**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

**Check here if using section V(C) of the Addendum for additional Contributions:** ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received: / / Amount of Contribution: \$ .00

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Date Contribution Received: / / Amount of Contribution: \$ .00

**Check here if using section V(C) of the Addendum for additional Contributions:** ☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:** ☐**Contributions from Single Source #2**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

**Check here if using section V(C) of the Addendum for additional Contributions:** ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

**Check here if using section V(C) of the Addendum for additional Contributions:** ☐**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:** ☐**Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the**

**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source #3**

Single Source Entity's Name: GRACIOUS HOME LLC

or  
Single Source Person's Last Name:

Address: 158 WEST 27TH ST. FLOOR 12

City: NEW YORK

Phone: (212) 901-6323

Date Contribution Received: 08 / 31 / 2012

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

First Name:

State: NEW YORK

ZIP code: 10001

Amount of Contribution: \$ 639 .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 4**

Single Source Entity's Name: ABC HOME FURNISHINGS, INC.

or  
Single Source Person's Last Name:

Address: 888 BROADWAY

City: NEW YORK

Phone: (212) 473-3000

Date Contribution Received: 09 / 05 / 2012

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

First Name:

State: NEW YORK

ZIP code: 10003

Amount of Contribution: \$ 794 .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 5**

Single Source Entity's Name: AT&amp;T

or  
Single Source Person's Last Name:

Address: 630 FIFTH AVENUE, 16TH FLOOR

City: NEW YORK

Phone: (518) 436-0189

Date Contribution Received: 09 / 10 / 2012

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

Date Contribution Received: / /

First Name:

State: NEW YORK

ZIP code: 10111

Amount of Contribution: \$ 921 .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00

Amount of Contribution: \$ .00



Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## V Source of Funding Disclosure

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

### C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source # 6

Single Source (or Related or Affiliated) Entity's Name: SAKS FIFTH AVENUE

or

Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 360 WEST 31ST STREET, 16TH FLOOR

City: NEW YORK

State: NEW YORK

ZIP code: 10001

Phone: (212) 320-4803

Date Contribution Received: 09 / 10 / 2012

Amount of Contribution: \$ 1843 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

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# Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

### C Single Source Information for one Person or Entity for a single Contribution.

#### Contributions from Single Source # 7

Single Source(or Related or Affiliated) Entity's Name: THE BON-TON STORES, INC.

or

Single Source (or Related or Affiliated )Person's Last Name:

First Name:

Address: 2801 EAST MARKET ST

City: YORK

State: PA

ZIP code: 17405

Phone: (717) 751-4025

Date Contribution Received: 09/10/2012

Amount of Contribution: \$ 1168.00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

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## Designated Addendum sheet for section V(C)

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### V Source of Funding Disclosure

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

#### C Single Source Information for one Person or Entity for a single Contribution.

##### Contributions from Single Source # 8

Single Source(or Related or Affiliated) Entity's Name: NEW YORK AND COMPANY, INC

or  
Single Source (or Related or Affiliated )Person's Last Name:

First Name:

Address: 450 WEST 33<sup>RD</sup> ST

City: NEW YORK

State: NY

ZIP code: 10001

Phone: (212) 884-2115

Date Contribution Received: 09/19/2012

Amount of Contribution: \$ 1659 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

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## Designated Addendum sheet for section V(C)

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### V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

#### C Single Source Information for one Person or Entity for a single Contribution.

##### Contributions from Single Source # 9

Single Source (or Related or Affiliated) Entity's Name: A & E STORES, INC.

or

Single Source (or Related or Affiliated) Person's Last Name: First Name:

Address: 1000 HUYLER STREET

City: TETERBORO

State: NJ

ZIP code: 07608

Phone: (201) 393-0600

Date Contribution Received: 09/28/2012

Amount of Contribution: \$ 1389.00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

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## Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

#### C Single Source Information for one Person or Entity for a single Contribution.

##### Contributions from Single Source # 10

Single Source(or Related or Affiliated) Entity's Name: PARTS AUTHORITY, INC

or  
Single Source (or Related or Affiliated )Person's Last Name:

First Name:

Address: 211-10 HILLSIDE AVENUE

City: QUEENS VILLAGE

State: NY

ZIP code: 11427

Phone: (718) 740-4455

Date Contribution Received: 10/15/2012

Amount of Contribution: \$ 1532.00

Date Contribution Received: / /

Amount of Contribution: \$ .00

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions:	Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.
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Contributions from Single Source # 11

or  
Single Source (or Related or Affiliated )Person's Last Name: First Name:

ZIP code: 10018

Phone: (212) 967-5300

Amount of Contribution: \$ 737 .00

Amount of Contribution: \$ 737 .00

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# Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

### C Single Source Information for one Person or Entity for a single Contribution.

#### Contributions from Single Source # 12

Single Source (or Related or Affiliated) Entity's Name: WALGREEN CO.

or

Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 104 WILMOT ROAD, MS 1444

City: DEERFIELD

State: IL

ZIP code: 60015

Phone: (847) 315-6821

Date Contribution Received: 101 241 2012

Amount of Contribution: \$ 3687 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

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Date Contribution Received: / /

Amount of Contribution: \$ .00



## Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**Instructions:** Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

#### C Single Source Information for one Person or Entity for a single Contribution.

##### Contributions from Single Source # 13

Single Source (or Related or Affiliated) Entity's Name: J&R ELECTRONICS, INC.

or  
Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 23 PARK ROW

City: NEW YORK

State: NY

ZIP code: 10038

Phone: (212) 238-6379

Date Contribution Received: 10 / 29 / 2012

Amount of Contribution: \$ 726.00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

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**VI** Subjects lobbied:

CONSUMER PROTECTION, ENVIRONMENTAL PROTECTION, ORGANIZED RETAIL CRIME, MINIMUM WAGE, THRUWAY TOLLS, SALES TAX ADMINISTRATION

☐ Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR ANDREW CUOMO; LG ROBERT DUFFY; M/A GEORGE AMEDORE; M/A MICHAEL CUSICK; M/A ANDREW HEVESI; SEN. LEE ZELDIN; SEN. MARK GRISANTI; SEN. CARL MARCELLINO; COMMISSIONER THOMAS MATTOX (TAX & FINANCE)

☐ Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S.525; A.5345; S.527; A.8562; S.529; A.8561; S.6335; S.6413; A.9148; S.6954; A.10324; S.6956; A.10328; S.6957; A.10327; S.6958; A.10507; S.6959; A.10326;

☐ Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

NONE

☐ Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

NONE

☐ Continued on attached pages

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

NONE

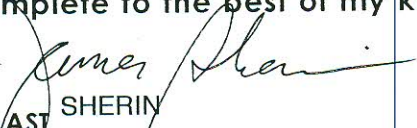
☐ Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE:



DATE: 01/11/13

PRINT NAME: LAST SHERIN

FIRST JAMES

TITLE: PRESIDENT AND CHIEF EXECUTIVE OFFICER

Mark One:



Chief Administrative Officer



Designee(Attach Letter)

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.